

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>396113</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>04/21/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>HEALTH CENTER AT THE HILL AT WHITEMARSH, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>4000 FOX HOUND DRIVE LAFAYETTE HILL, PA 19444</b>		
STATE LICENSE NUMBER: <b>17900201</b>					
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F 0000	INITIAL COMMENT		F 0000		
	Based on a Medicare/Medicaid Recertification survey, State Licensure survey, Civil Rights Compliance survey, completed on April 21, 2023, it was determined that Health Center at the Hill at Whitemarsh was not in compliance with the following requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Regulations as they relate to the health portion of the survey.				
F 0573  SS=D			F 0573		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0573  SS=D	Continued from page 1  483.10(g)(2)(i)(ii)(3) Right to Access/Purchase Copies of Records  §483.10(g)(2) The resident has the right to access personal and medical records pertaining to him or herself. (i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and (ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of: (A) Labor for copying the records requested by the individual, whether in paper or electronic form; (B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; and (C) Postage, when the individual has requested the copy be mailed.  §483.10(g)(3) With the exception of information described	F 0573	The residents' Responsible Party received the records in the format of an electronic version per the written request. Each record request will be reviewed upon submission, recorded, and delivered in the format requested. i.e., electronic, paper format, in-person delivery, receipt requested mail delivery. An encryption delivery format is in place and will be used for all records requests that are electronically requested. The Policy and Procedure Manual has been updated with the new process. Medical records staff have been educated. An audit of record requests will be conducted by NHA or designee weekly x4 and monthly x2 and will be presented and reviewed by QAPI Committee.	Completion Date: <b>06/05/2023</b> Status: <b>APPROVED</b> Date: <b>05/09/2023</b>	

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F 0573  SS=D	Continued from page 2  in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. Summaries that translate information described in paragraph (g)(2) of this section may be made available to the patient at their request and expense in accordance with applicable law.  This REQUIREMENT is not met as evidenced by:	F 0573			

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F 0573  SS=D	Continued from page 3  Based on review of clinical records, interviews with staff and review of policies and procedures, it was determined that the facility failed to ensure timely access to personal and clinical records for one of seven residents reviewed. (Resident R168)  Findings include:  The facility policy titled Nursing Services dated March 12, 2023, indicated that the clinical records person or designee was responsible for ensuring that each resident had access to his/her personal records upon request. The policy indicated that each resident would receive confidential treatment of his/or her personal and medical records. The policy stated that the clinical records would be released within 24 hours, after the written consent by the resident or the resident's legal representative was received. The policy also indicated that a copy of the records (in an electronic form or format when such records are maintained electronically) would be provided to the resident or resident's responsible party, within 24 hours of the facility receiving the	F 0573			

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F 0573  SS=D	Continued from page 4  notice of the request..  Clinical record review revealed that Resident R168 was admitted to the facility on June 16, 2022 for short term rehabilitation and discharged on July 22 2022. The clinical record for Resident R168 indicated that the responsible party for this resident was his spouse.  Clinical record documentation of the closed record for Resident R168 revealed that the spouse of this former resident had requested on December 7, 2022, a personal copy of resident R168's entire medical record. The request was documented, signed and dated by the responsible party for Resident R168.  Interview with the Nursing Home Administrator (NHA), on April 19, 2023 at 10:00 a.m. confirmed the responsible party for Resident R168 as his wife. Further during interview with NHA, it was confirmed that the responsible party for Resident R168 was not given electronic access to the	F 0573			

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F 0573  SS=D	Continued from page 5  personal medical record for Resident R168, within 24 hours of the facility receiving the notice of the request. The NHA reported during this interview that the resident's responsible party did not receive a personal copy of the record for Resident R168 until January 13, 2023; thirty-six days following the signed and dated request from the responsible party.  28 Pa. Code 201.18(b)(3) Management	F 0573			
F 0622  SS=D		F 0622			

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F 0622  SS=D	Continued from page 6  483.15(c)(1)(i)(ii)(2)(i)-(iii) Transfer and Discharge Requirements  §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or (F) The facility ceases to operate. (ii) The facility may not transfer or discharge the resident	F 0622	The residents' chart has been updated to reflect Resident-initiated discharge. Social Services Manager and/or designee will reflect residents' discharge choice in the discharge record and medical record. The Policy and Procedure Manual has been updated with the new process. The Social Service Manager has been educated. An audit of resident discharges will be conducted by the Social Services Manager or designee weekly x4 and monthly x2 and will be presented and reviewed by the QAPI Committee.	Completion Date: <b>06/05/2023</b> Status: <b>APPROVED</b> Date: <b>05/09/2023</b>	

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F 0622  SS=D	Continued from page 7  while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.  §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (i) Documentation in the resident's medical record must include: (A) The basis for the transfer per paragraph (c)(1)(i) of this section. (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s). (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by- (A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and	F 0622			



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F 0622  SS=D	Continued from page 8  (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.  This REQUIREMENT is not met as evidenced by:	F 0622			

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F 0622  SS=D	Continued from page 9  Based on clinical record review and interview with staff, it was determined that the facility did not ensure that proper documentation was maintained in the clinical record related to a resident-initiated discharge to the community that included resident's or resident representative's verbal or written notice of the intent to leave the facility for one of three discharged residents reviewed (Resident R51).  Findings include:  Review of Resident R51's clinical record revealed that resident was admitted to the facility on March 7, 2023, from a local hospital with diagnoses of Delirium due to physiological condition, Atrial Fibrillation, Retention of Urine, Hypertensive Heart Disease, Obstructive Sleep Apnea, Embolism and Presence of Cardiac Pacemaker and was discharge from the facility back to the community (Independent Living) on March 10, 2023. Further review of Resident R51 clinical record revealed that responsible party was his wife.	F 0622			

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F 0622  SS=D	<p>Continued from page 10</p> <p>Review of nursing progress note dated March 10, 2023, revealed that Resident R51 was discharge to Independent Living.</p> <p>Further review of clinical record revealed that there was no documentation regarding the event leading to resident R51's discharge. Further, there was no documented evidence of the resident's responsible party providing facility with a verbal or written notice of their intent to leave the facility.</p> <p>Review of Resident R51's Discharge MDS Assessment dated March 10, 2023, Section A 2000 revealed that resident was discharged to the community on March 10, 2023. Further, Section C0500 (BIMS Score) revealed that Resident R51's BIMS score was 4 suggesting that Resident R51 was cognitively impaired.</p> <p>Interview with Social Worker, Employee E4 conducted on April 21, 2023, at 10:26 a.m. revealed that resident was discharge as per wife's request but confirmed that she did not document the</p>	F 0622			

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F 0622  SS=D	Continued from page 11  verbal notice of discharge from Resident R51's wife.  Interview with RNAC (Registered Nurse Assessment Coordinator) Employee E5 conducted on April 21, 2023, at 11:23 a.m. confirmed that there was no documented evidence of the resident's responsible party providing facility with a verbal or written notice of their intent to leave the facility.  28 Pa. Code 201.29(f) Resident's rights  28 Pa. Code 210. 25 Discharge policy  28 Pa. Code 211.5(f) Clinical record	F 0622			



# Certified End Page

**HEALTH CENTER AT THE HILL AT WHITEMARSH, THE**  
**STATE LICENSE NUMBER: 17900201**  
**SURVEY EXIT DATE: 04/21/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY